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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/645,728
		Filing Date	August 20, 2003
		First Named Inventor	Ken NETZEL
		Art Unit	3654
		Examiner Name	J. Jillions
Total Number of Pages in This Submission	19	Attorney Docket Number	249212024800

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (original + copy for fee processing (2 pages total))	<input checked="" type="checkbox"/> Drawing(s) (Replacement) (1 sheet)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (14 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP	(Customer No.: 25226)
Signature		
Printed name	Christopher B. Eide	
Date	March 22, 2005	Reg. No. 48,375

Client Ref. No.: Q03-1035-US1

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV544979995US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 22, 2005

Signature: (Georgina Matos)



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<p><b>Effective on 12/08/2004.</b>  <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b></p> <p><b>Fee Transmittal For FY 2005</b></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p align="center"><b>Complete if Known</b></p> <p>Application Number   10/645,728</p> <p>Filing Date   August 20, 2003</p> <p>First Named Inventor   Ken NETZEL</p> <p>Examiner Name   J. Jillions</p> <p>Art Unit   3654</p> <p>Attorney Docket No.   249212024800</p>	
<p><b>TOTAL AMOUNT OF PAYMENT</b>    (\$)</p>		120.00	

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 03-1952    Deposit Account Name: \_\_\_\_\_ Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

## **FEE CALCULATION**

## **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

## **2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
37	- 37 = 0	x 50.00	= 0.00	<u>Fee (\$)</u> 360.00
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	<u>Fee Paid (\$)</u> 0.00
4	- 4 = 0	x 200.00	= 0.00	

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
0 - 100 = 0 /50 0 (round up to a whole number) x 250.00 = 0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) 0.00  
Other (e.g., late filing surcharge): 2251 Extension for response within first month 120.00

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	48,375	Telephone (650) 813-5720
Name (Print/Type)	Christopher B. Eide	Date	March 28 2005	

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